

State Issue Signatures

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	357	3-28-94
TYPIST	357	3-28-94
VERIFIER	357	3-28-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	3-28-94
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Claim	Date
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SYMBOLS
 ✓ Rejected
 - Allowed
 (Through numbers) Cancelled
 R Restricted
 N Non-Selected
 I Interference
 A Appeal
 O Objected